

sions around the wound in the intestine, &c. In Dr. Mitchell's case, although the uterus contracted firmly immediately after the extraction of the child, yet as soon as the opium had been taken in sufficiently numerous doses it became relaxed, so much so indeed as to appear as large as when impregnated, and this dilated condition it did not lose until the tenth day, showing that the opium acts in a similar manner in both cases. Another remarkable similarity produced by its use in the two accidents, rupture of the uterus and of the intestine, is that in both it appears to lose its narcotic and astringent properties, as shown by the case of a man admitted into the Meath Hospital labouring under symptoms of peritonitis, from ulcerative perforation of the intestine, to whom 105 grains of opium, exclusive of that in the injections, were administered without the patient experiencing the slightest coma, headache, or delirium; diarrhœa also setting in severely for three or four days. Dr. Mitchell's patient, who presented somewhat similar symptoms, took altogether 53 grains of solid opium, and nearly 400 drops of laudanum.

Dr. Murphy observes, with respect to the causes of rupture of this organ, that a perfectly healthy uterus is rarely ruptured, except from external injury; that in most of the instances where it occurs it may be traced to morbid lesions either previously existing, or produced by inflammation; and even in some cases where this cannot be satisfactorily proved from inspection, the history would seem to indicate it, and that rupture may occur in cases where the labour is not unusually prolonged, nor the pains violent; on the contrary, it has happened where the pains were weak and the progress of labour in every other respect favourable.

The prior history in Dr. Mitchell's case is such as to give rise to the belief that some morbid action had been going on previously in the uterus, as about three months before her labour took place the patient applied to him, complaining of great and incessant pain in the lower part of the abdomen, together with a discharge of a thin, fetid fluid from the vagina on two occasions, about a fortnight elapsing between each discharge. She described the sensation of the child as if it were standing upright, the pressure being in front, to which she referred the pain. It is a remarkable fact, that in cases of rupture the greater number occur in persons who have borne several children previously, and in whom consequently the womb may have been injured or debilitated in the previous labours.—*Prov. Med. Journ.*, April 8, 1843.

59. *Prolapsus of the Uterus reduced after sixteen years' continuance.*—M. DURANT records an interesting case of this in the Transactions of the Medical Society of Ghent. The womb protruding beyond the external parts, and covered by the inverted vagina, presented a globular tumour, round and contracted at its origin into the form of a circular appendix. The *os uteri* was clear at its inferior part. The tumour at its middle part was fifteen and a half inches in circumference. Its external surface was brownish red, and covered with crusts and ulcerations. The long continuance of the affection had seriously injured the general health of the patient—she was pale and emaciated, and subject to sleeplessness, and cramps of the stomach.

M. Durant, before attempting reduction, kept the patient on light diet, and at rest in bed in a proper position; at the same time dressing the tumour with opiated emollient fomentations. Its surface speedily softened, and the crusts fell off, leaving superficial sores. After six days of this treatment, the operation was performed. It having been ascertained that the rectum and bladder were empty, the patient was placed in the position most advantageous for the entrance of the womb. M. D. then introduced the right forefinger into the *os uteri*, and burying it, pushed upwards in the axis of the tumour, which itself was placed in the axis of the true pelvis—then retaining the uterus in its place with the left hand, withdrew the finger, and, repeating this manipulation with gentleness, just as one turns the finger of a glove outside in, accomplished the reduction in less than half an hour. He then inserted into the vagina a sponge, cut into the form of a cylinder, and saturated with an emollient decoction, the thick end being highest up, and a cord attached to the other, for the purpose of removing

it at pleasure. This sponge-pessary was retained in its place by means of compresses, and the T bandage. The patient did well, speedily gaining flesh and strength. During the after-treatment, which continued for about six weeks, emollient and astringent lotions were employed, and an ordinary-sized caoutchouc ring-shaped pessary was used, the saturated sponge and the injections being passed through its centre.—*Lond. Med. Gaz.*, April, 1843, from *Journ. de Méd. et de Chirurg. Prat.*

60. *Abscess in the Walls of the Uterus*, by FREDERICK BIRD (related at the Westminster Medical Society). Mrs. G. aged 37, had, previously to the last three years, enjoyed general good health, menstruating regularly. At this date she married, and was soon afterwards attacked with acute deep-seated pain in the hypogastric region, radiating to all parts of the pelvis, and increased by micturition and defecation. These symptoms were associated with general constitutional disturbance, and, in fact, with all the ordinary symptoms of inflammation affecting the uterus. She passed through the usual forms of treatment, and although the more urgent symptoms were mitigated, yet she continued to suffer during the three following months from occasional pain in the region of the uterus, always produced by attempts at expelling the contents of the bladder or rectum, the discharge of fæces being also sometimes effected with great difficulty. An internal examination made at this period detected the uterus lower in the vagina than usual; there existed marked enlargement of that organ, the chief increase in size being found to occupy the posterior wall; the os and cervix uteri were painful to the touch and tumid.

Shortly after the vaginal examination had been made about half an ounce of pus suddenly escaped from the rectum, and she experienced immediate relief from her former symptoms. She now became the subject of diarrhœa, generally passing from six to eight evacuations daily, each of which contained more or less purulent matter; pain in micturition was no longer felt, but she invariably suffered greatly when passing motions. The diarrhœa could not be arrested by any of the remedies employed; her general health, nevertheless, slowly improved, and she went into the country, where she remained during the succeeding two years, little or no variation in her symptoms having occurred. The diarrhœa, and with it the discharge of pus from the rectum, continued; on some occasions more than a pint of pus has been thus evacuated during twenty-four hours, and she observed that whenever the pus failed to be discharged so freely as usual the local pain became aggravated. During the whole of this period menstruation had been very irregular, generally occurring at intervals of eight or nine days, accompanied by much lumbar pain and the passage of coagula.

After the lapse of the time mentioned she again applied to Dr. Bird, suffering from nearly all her previous symptoms, and, in addition to them, profuse menorrhagia; the pain in the region of the uterus was extremely acute, increased by the passage of the fæces and by pressure on the lower part of the abdomen, to which became added a neuralgic condition of the genital organs, the slightest pressure upon which produced extreme suffering; so great was the pain thus excited that she was accustomed to employ a mechanical contrivance to prevent the bed-clothes from touching the pubes. A vaginal examination was, with much difficulty and pain, again made; the uterus was found to be nearly in the same state as before, excepting that it had become quite immovable, appearing as if impacted in the pelvis, just as may be observed in some forms of malignant disease affecting that organ. No benefit resulted from medical treatment, occasional relief only being afforded by large doses of opium and the external application of belladonna.

She continued to suffer from frequent discharges of blood from the vagina, and from all her former symptoms, until the lapse of six weeks, when she sank exhausted by the extreme suffering produced by her disease.

A *post-mortem examination* was made twenty-four hours after death. On laying open the abdomen the omentum, small intestines, and all the pelvic viscera, were found agglutinated together by peritoneal adhesions of old date. On